

<b>Case Number:</b>	CM14-0162161		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed Chiropractor, has a subspecialty in Acupuncture: and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A DFR with initial report dated 9/17/14 from [REDACTED] reported the patient as a 61 year old male with a reported DOI of 11/18/13; injured was using a blower and tripped and fell backwards onto this lower back. Chiropractic care hollowed the DOI with [REDACTED], [REDACTED] and [REDACTED] Neurosurgeon. Patient reported difficulty sleeping, back pain worse on the right without radiation; visual analog scale (VAS) 2-3/10. UR determination letter of October 1, 2014 denied the request for additional Chiropractic care, 6-8 visits stating that the patient has received prior PT and 18 Chiropractic visits without supportive documentation that provided Chiropractic care led to any objective evidence of functional improvement such as improved ROM or strength of functional activity tolerance changes. Reviewer referenced California Medical Treatment Utilization Schedule (MTUS) 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines, pg. 58/59. The UR determination of 8/25/14 modified a request for Chiropractic treatment from 12 requested visits to 6 certified visits. Dx: lumbar facet syndrome, discogenic pain, possible disc radiculopathy, grade 1 spondylolisthesis and pars defect. Plan: Chiropractic care, 6-8; pain psychology evaluation; copy of prior x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Additional Chiropractic treatment 6- 8 sessions for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) the American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Chronic Pain Medical Treatment Guidelines support additional Chiropractic manual therapy when clinical evidence of functional improvement is provided prior to consideration of additional care. The initial report from [REDACTED] fails to address the patient past history of applied Chiropractic care with respect to any functional gains with applied care that per review has been substantial. Absent evidence that prior care was of functional benefit to the patient, denial of further care is the appropriate determination and supported by referenced California MTUS Chronic Pain Medical Treatment Guidelines.